

Form CPF M 102: Campaign Finance Report Municipal Form Office of Campaign and Political Finance

ELECTION DEPT. SOMERVILLE. HA

File with:

Candidate signature (in ink)

ity or Town Clerk or Election Commission Please print or type all information, except signatures.
Fill in dates: Reporting Period Beginning TW 0 / 2012 Ending DUC 3 / 2012
Type of report: (Check one) ☐8th day preceding preliminary ☐8th day preceding election ☐30 day after election ★ year-end report ☐ dissolution
Full Name of Candidate (if applicable) School (5 M M TT 1 W M Bodi Mame of Committee Name Office Sought and District Residential Address SMC VIII MA D2/44 Tel. No. (optional) The Cann 1 tree to elect Tim Promy S Committee Name Soli Mang S Name of Committee Treasurer 225 Will but Avec Committee Mailing Address SMC VIII MA D2/44 Tel. No. (optional)
SUMMARY BALANCE INFORMATION: Line 1: Ending balance from previous report Line 2: Total receipts this period (page 2, line 11) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 3, line 14) Line 5: Ending balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 4) Line 7: Total (all) outstanding liabilities (page 4) Subtotal (line 1 plus line 2) Line 6: Total in-kind contributions this period (page 4) Line 7: Total (all) outstanding liabilities (page 4)
Line 8: Name of bank(s) used
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. BOULT THUE Treasurer's signature (in ink) Date
FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)
Affidavit of Candidate: (check 1 box only) Candidate with Committee and no activity independent of the committee I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period. Candidate without Committee OR Candidate with independent activity filing separate report I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. Signed under the penalties of perjury:

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page

number on Date Received	Name and Residential Address	Am	ount	Occupation & Employer (for contributions of \$200 or more)		
		<u>.</u>				
·						
L -						
distance of the con-						
	otal receipts in excess of \$50 (or listed above)					
Line 10: Total receipts \$50 and under* (not listed above)						
Line 11: T	OTAL RECEIPTS IN THE PERIOD			Enter on page 1, line 2		

^{*} If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount	
•				:	
			gog kalling algors & Nord Bar, Library (1997) The Control of the C		
		Comment of the Commen			
		Line 12: Ex	spenditures over \$50		
•		Line 13: Ex	penditures \$50 and under*		
En	nter on page 1, line 4	Line 14: T(OTAL EXPENDITURES		

^{*}If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

Page 3

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16.

Date Received	From Whom Ro	eceived*	Residen	tial Address	Description of Contribution	Value
				•		
				V.		
				.	In-kind over \$50	
	Enter on page 1, lin	e 6			In-kind \$50 and under Total In-kind	

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount	
			Au herring		
; · · · · ,	Enter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)		

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.

Page 4